

# **EXHIBIT 2**

ESI00005070-Exhibit 17  
Plaintiff  
Rafael Fox - 182742  
08/12/2020(RG)

From: "Rafael Fox"  
Date: Wednesday, January 10, 2018 at 3:07:25 PM Eastern Standard Time  
To: "Tim Hutchinson"  
Cc:  
Subject: Here's the document from the NYC consumer affairs

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Record ID # 0004-2017-FWW

Lorelei Salas  
Commissioner

Peter Donna  
Lead Investigator  
pdonna@dca.nyc.gov

42 Broadway  
Office of Labor Policy and  
Standards  
New York, NY 10004

+1 347 429-1564 tel  
+1 546 500-6653 fax  
nyc.gov/dca

January 5, 2018

Starbucks  
Attn: Rafael Fox  
180 West Broadway  
New York, NY 10013

**NOTICE OF FAIR WORKWEEK INVESTIGATION—  
FAST FOOD**

The NYC Office of Labor Policy and Standards ("OLPS") enforces the NYC Fair Workweek Act ("Fair Workweek Law" or the "Law") and Rules. The Law requires that NYC fast food employers provide workers with a good faith estimate of the days, times, locations, and hours they can expect to work; two weeks' notice of their weekly schedules; pay premiums to workers for changes made to their schedules; offer newly available shifts to existing workers; and require a worker to consent and be paid for "clopenings."

Pursuant to its authority under Section 20-1207(b) of the Law and Section 20-a(d) of the NYC Charter, OLPS is investigating your compliance with the Law.

Enclosed with this notice is:

1. Document and Information Request
2. Employer Response Form (includes "Employer Information," "Allegations and Employer Response," "Employer Contact Information," "Declaration")
3. Affirmation Granting Authority to Act (submit if an individual other than employer will be representing the employer in this investigation)

OLPS must receive all requested documents and information and the completed Employer Response Form within 14 days of the date of this letter. Please send your response to OLPS Investigator Peter Donna by email to: pdonna@dca.nyc.gov

**COOPERATION WITH THE DCA INVESTIGATION**

Failure to cooperate with this investigation or provide all of the information and documents requested constitutes a violation of the Law, subjecting you to fines in addition to civil penalties and relief for other potential violations of the Law. Further, failure to produce records may result in a rebuttable presumption against you in the event of a lawsuit or enforcement action.

OLPS Fair Workweek Notice of Investigation | updated November 16, 2017

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If you have questions about OLPS's investigation and resolution process, please contact the OLPS Lead Investigator Peter Donna at the email address or phone number indicated on the left.

#### **RETALIATION AND INTERFERENCE PROHIBITED**

Under the Fair Workweek Law, employers are prohibited from retaliating against employees for exercising or attempting to exercise rights protected by the Law or interfering with investigations. OLPS takes allegations of retaliation very seriously. If OLPS determines an employer has retaliated against an employee, the employer may be responsible not only for lost wages and benefits to the employee and fines to OLPS, but also may be required to take certain actions, including rehiring an employee who has been unlawfully terminated.

#### **Penalties**

An employer who violates the Fair Workweek Law may be liable for employee relief up to \$500 per employee, for each violation of the Law, plus additional relief, including unpaid schedule change premiums, to remedy any harm done. An employer who terminates an employee for engaging in an activity protected under the Law may be held liable for employee relief up to \$2500 plus full compensation, including lost wages and benefits, and appropriate equitable relief. The employer may additionally be liable for civil penalties of \$500 per employee for each violation of the Law.

#### **For Important Fair Workweek Information and Resources**

Go to [nyc.gov/dca](http://nyc.gov/dca) where you can get:

- Required Notice of Employee Rights
- Information sheet for employers
- Frequently Asked Questions
- Law and Rules
- Event Calendar (with scheduled trainings)

The Fair Workweek Law is Chapter 12 of Title 20 of the Administrative Code of the City of New York. The Rules for the Fair Workweek Law are Chapter 7 of Title 6 of the Rules of the City of New York.

#### **Interpretation Services**

If you do not speak or understand English well, OLPS will provide translation services upon request. Para más información, por favor llame al (212) 436-0258.

如需了解更多信息，請致電 (212) 436-0258。

Для дополнительной информации, пожалуйста, позвоните по телефону (212) 436-0258.

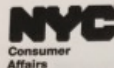
상세한 정보를 원하시면 (212) 436-0258로 문의하십시오.

Per ulteriori informazioni vi preghiamo di chiamare (212) 436-0258.

Pou jwenn plis enfòmasyon, tanpri rele (212) 436-0258.

আরো জিজ্ঞাসা করতে (212) 436-0258 এ কল করুন.

#### **TTY for hearing impaired persons**



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**DOCUMENT AND INFORMATION REQUEST**

The New York City Charter (Chapters 1 and 64 of the New York City Charter), Fair Workweek Law (Chapter 12 of Title 20 of the Administrative Code of the City of New York) and Office of Labor Policy and Standards Rules (Chapter 7 of Title 6 of the Rules of the City of New York) require that you provide DCA with records documenting your compliance with the Fair Workweek Law (the "Law"). If you fail to provide any of the requested documents and/or information, you may face fines and a presumption against you in any court proceeding.

"Fast food worker" means any person who has worked at or for a fast food establishment in New York City where such person's job duties include at least one of the following: customer service, cooking, food or drink preparation, delivery, security, stocking supplies or equipment, cleaning or routine maintenance.

"Work schedule" means shifts, including on-call shifts, that an employer assigns to a fast food worker and includes the dates, times, and locations which and employer requires the employee to work.

Please provide the following in electronic format. Unless otherwise indicated, the applicable date range is November 26, 2017 through the present:

1. A list of the names, job titles, dates of employment, phone numbers, mailing addresses, and e-mail addresses of all fast food workers employed for any amount of time.
2. Job descriptions of all job titles held by fast food workers identified pursuant to request number 1.
3. Estimates of the dates, times, and locations that a fast food worker is expected to work that were provided to each fast food worker at the start of employment and when the estimate changed, pursuant to Section 20-1221(a) of the Law.
4. For all fast food workers for each pay period:
  - a. Each written work schedule provided to each fast food worker, as required by Section 14-08(a)(1)(iii) of the Rules;
  - b. Documents showing the actual hours each fast food worker worked and the date, time, and location of shifts worked by each fast food worker, as required by Section 14-08(a)(1)(i) of the Rules; and
  - c. Documents showing all premium payments made to individual fast food workers, and the dates and amounts of the payments, whether noted on a wage stub or other form of written documentation, as required by Section 14-08(a)(2)(ii) of the Rules.
5. Documents showing the posting of the written notice of fast food workers' rights to predictable scheduling pursuant to Section 20-1205 of the Law and Section 14-02 of the Rules.
6. Written notification to each fast food worker of the method by which available shifts are posted.
7. For each location in NYC, documents sufficient to show:

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a. The notices of available shifts posted pursuant to Section 20-1241(b) of the Law; and

b. Fast food workers' acceptances of available shifts offered pursuant to Section 20-1241(b) of the Law

8. All communications with fast food workers concerning:

a. Changes to work schedules made less than two weeks in advance of the start of the work schedule; and

b. Any shifts in which the fast food worker worked consecutive shifts over two calendar days with less than 11 hours in between the shifts.

9. Any agreement or other communication concerning a fast food worker's waiver of rights under the Law.

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**EMPLOYER RESPONSE FORM – FAIR WORKWEEK INVESTIGATION**

Please complete all pages of this form and send it to the Office of Labor Policy and Standards (OLPS) by email to: [pdonna@olps.nyc.gov](mailto:pdonna@olps.nyc.gov)

**A. EMPLOYER INFORMATION**

Fast Food Establishment(s):  
• Starbucks at 180 West Broadway New York, NY 10013

What is your business's relationship to the fast food establishment(s) listed above?

\_\_\_ Owns the fast food establishment(s) under investigation

\_\_\_ Runs the fast food establishment(s) under investigation

\_\_\_ Contracts with the fast food establishment(s) to provide services, including, but not limited to security, cleaning, or temporary staffing services.

\_\_\_ Other (explain) \_\_\_\_\_

What are the addresses of other fast food establishments in NYC where you have workers who perform customer service, cooking, food or drink preparation, off-site delivery, security, stocking supplies or equipment, cleaning, or routine maintenance duties?

What is your procedure, if any, for providing workers with a "Good Faith Estimate" (written notice of the estimated days, times, locations, and number of hours of work) and updated "Good Faith Estimates"?

What is your procedure for providing workers with their schedules?

What is your schedule period:

From M / T / W / Th / F / Sa / Su to M / T / W / Th / F / Sa / Su  
(circle one) (circle one)

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I have attached or enclosed all records I maintain that are relevant to my response above and not otherwise included in my response to the Document and Information Request

### C. EMPLOYER CONTACT INFORMATION

#### Employer Contact Information

Your Correct Legal Name

Your Trade Name or Doing-Business-As (DBA) Name

Your Federal Employer Identification Number

00-0000000

Any Website(s) You Maintain

Address of Headquarters (if different from address on Notice of Investigation)

Address (Building Number, Street Name, Apartment/Suite/Other)

City

State

ZIP Code

Country (if outside the United States of America)

☐ Bronx☐ Queens☐ Brooklyn☐ Staten Island☐ Manhattan

#### Person the OLPS Investigator Should Contact

First Name

Middle Name (optional)

Last Name

Title/Position

Phone

Email

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**D. DECLARATION**

I declare under penalty of perjury that the foregoing statements, as well as any attached documents, are true and correct.

Signature \_\_\_\_\_ Date of Execution \_\_\_\_\_

Print Name \_\_\_\_\_

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**AFFIRMATION GRANTING AUTHORITY TO ACT**

\_\_\_\_\_ affirms the truth of the following:

Full Name \_\_\_\_\_

1. The applicable Record ID for this Affirmation is \_\_\_\_\_ Record ID \_\_\_\_\_

The Record ID is a unique identifier assigned by the NYC Office of Labor Policy and Standards (OLPS) to refer to a complaint and/or investigative case.

2. I am (please check one):

☐ An employee bringing a complaint against an employer or former employer.

☐ An employer or an agent authorized to act on behalf of an employer.

I am the \_\_\_\_\_ of \_\_\_\_\_

Relationship to employer Name of employer as it appears on Business, Incorporation, or Partnership Certificate, Articles of Organization, or IRS filing

located at \_\_\_\_\_

Street Address, City, State ZIP Code

and whose phone number and email address are \_\_\_\_\_ Area Code & Number

and \_\_\_\_\_

Email Address \_\_\_\_\_

3. I hereby authorize \_\_\_\_\_ of \_\_\_\_\_

Full name of representative Name of representative's business

who maintains an office/resides at \_\_\_\_\_

Street Address, City, State, ZIP Code

and whose phone number and email address are \_\_\_\_\_ Area Code & Number

and \_\_\_\_\_

to represent me or the employer named above before OLPS or the

Email Address \_\_\_\_\_

Office of Administrative Trials and Hearings in regard to a complaint, investigation, alleged violation(s), settlement, and/or hearing of the Fair Work Week Law (Chapter 12 of Title 20 of the Administrative Code of the City of New York).

4. I understand that I or the employer will be legally bound by the statements this representative makes to OLPS regarding the complaint, investigation, alleged violation(s), settlement, and/or hearing of the Fair Workweek Law and will be held responsible for any inaccuracies or misrepresentations.

5. I understand this affirmation will expire in two (2) years from the date I sign and date this form.

6. I understand that I may revoke (withdraw) this affirmation by calling (212) 439-0255 and asking for assistance.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date Signed \_\_\_\_\_

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- Attached: IMG\_1451.JPG, 1,300 MB
- Attached: IMG\_1445.JPG, 1,529 MB
- Attached: IMG\_1447.JPG, 1,673 MB
- Attached: IMG\_1448.JPG, 1,137 MB
- Attached: IMG\_1446.JPG, 1,607 MB
- Attached: IMG\_1449.JPG, 1,347 MB
- Attached: IMG\_1453.JPG, 1,338 MB
- Attached: IMG\_1452.JPG, 1,053 MB
- Attached: IMG\_1454.JPG, 1,036 MB

